

# EMPLOYMENT SCREENING CONSENT FORM

I \_\_\_\_\_, hereby authorize Commonwealth Testing, Inc. and its agents to make an independent investigation of my credit report, including but not limited to a drug screen, background check, motor vehicle records check, references, character, past employment, education, criminal and/or police record, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. I understand that personal information requested on this form including race, sex and date of birth will be used to obtain background history reports only.

## PLEASE PRINT

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
LAST FIRST MIDDLE

**MAIDEN /OTHER NAME USED:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YY

\_\_\_\_\_  
**PRESENT ADDRESS** **CITY** **STATE** **ZIP CODE**  
 \_\_\_\_\_  
**COUNTY** **HOW LONG AT PRESENT ADDRESS** **AREA CODE** **PHONE NUMBER**

*Please provide a list of address, including the city, county, state, zip code, and length of time at each location, where you have lived or worked in the last seven years. Please be sure all letters and numbers are legible.*

PREVIOUS ADDRESS	CITY	COUNTY	STATE	ZIP CODE	YEARS	MONTHS

\_\_\_\_\_  
**DRIVERS LICENSE NUMBER** **STATE OF ISSUE**

*I hereby release and discharge Commonwealth Testing, Inc. and its employees, officers, agents, affiliates and entities, from any and all claims, rights of action or liability of any kind or nature in regards to the information obtained from any and all of the above referenced sources used.*  
*The above is my true and complete legal name and all information is true and correct.*

<p><small>EMPLOYEE/APPLICANT SIGNATURE</small></p> <p style="text-align: right;"><small>DATE</small></p>	<p style="text-align: center;"><u>Employer Use Only</u></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>State Criminal History</b> _____  <small>Enter State Name</small> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>Driving History Report</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Federal Criminal History</b> _____  <small>Enter State Name      Enter State Name</small> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Social Security Verification</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>County Criminal History</b> _____  <small>Enter County Name      Enter State Name</small> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Employment Verification*</b>  <small>Signed Application must be attached</small> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>OIG – Office of the Inspector General – Medicare Fraud</b> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Education Verification*</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>GSA – Excluded From Federal Programs</b> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>National Criminal</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>FBI’s Most Wanted - Individuals / Terrorist</b> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Credit Report</b> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <b>U.S. Sexual Offenders</b> _____  <small>Enter State Name</small> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Personal Reference*</b> </td> </tr> <tr> <td> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Workers Comp History</b> </td> </tr> <tr> <td> </td> <td style="vertical-align: top;"> <input type="checkbox"/> <b>Drug Screen</b>  <small>Specimen ID# _____                      Specimen ID# _____</small> </td> </tr> </table>	<input type="checkbox"/> <b>State Criminal History</b> _____ <small>Enter State Name</small>	<input type="checkbox"/> <b>Driving History Report</b>	<input type="checkbox"/> <b>Federal Criminal History</b> _____ <small>Enter State Name      Enter State Name</small>	<input type="checkbox"/> <b>Social Security Verification</b>	<input type="checkbox"/> <b>County Criminal History</b> _____ <small>Enter County Name      Enter State Name</small>	<input type="checkbox"/> <b>Employment Verification*</b> <small>Signed Application must be attached</small>	<input type="checkbox"/> <b>OIG – Office of the Inspector General – Medicare Fraud</b>	<input type="checkbox"/> <b>Education Verification*</b>	<input type="checkbox"/> <b>GSA – Excluded From Federal Programs</b>	<input type="checkbox"/> <b>National Criminal</b>	<input type="checkbox"/> <b>FBI’s Most Wanted - Individuals / Terrorist</b>	<input type="checkbox"/> <b>Credit Report</b>	<input type="checkbox"/> <b>U.S. Sexual Offenders</b> _____ <small>Enter State Name</small>	<input type="checkbox"/> <b>Personal Reference*</b>		<input type="checkbox"/> <b>Workers Comp History</b>		<input type="checkbox"/> <b>Drug Screen</b> <small>Specimen ID# _____                      Specimen ID# _____</small>
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